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**Basic Group Term Life Insurance**

**Supplemental Life Insurance**

**Group Long Term Disability Insurance**

**Common Carrier Travel & Accident Insurance**

**Group Legal Services Insurance**



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# Learning Objectives

- Provide overview of benefit programs
- Eligibility
- Enrollment Process
- Important Reminders

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# Basic Life Insurance

## What is Basic Group Life Insurance

- This benefit is provided to excluded employees in the event of an accidental death or dismemberment.

## Who is eligible?

- Managerial, supervisory, confidential and exempt employees.
- Judicial council and staff

## Deduction Org Code.

- 200 – 003
- 200 – 004
- 200 - 005

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# Basic Life Insurance Overview

- Basic Life insurance is employer paid.
- Basic Life is an Automatic Enrollment – Effective date is:
  - When a PAR is keyed on or before the tenth of the month, the enrollment is effective the first of the following month
    - Example: PAR is keyed January 10. Coverage is effective February 1st
  - When a PAR is keyed after the 10th of the month, enrollment is effective 1st of the second month
    - Example: PAR is keyed on January 31. Coverage is effective March 1.

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# Basic Life Insurance – Overview Continued

- Coverage for active enrollees who turn age 70 is reduced by 50% in January of the following year.
- Accelerated Benefit (ABO) – Employee who may have a terminal illness can receive partial payment of benefit prior to death.
- Involuntary Re-designation – Upon an employee's involuntary change from an excluded to represented:
  - The employee's agency, must pay 12 months of premium for basic life insurance.
  - Personnel staff must submit a cover memo with employee name and last 4 digits of SSN and a check to the carrier.
- Separating employees have 30 days to convert basic plan to an individual plan.
- Retiring employees have 30 days to continue basic into retirement.

# Basic Life Insurance- Levels of Coverage

**Managerial,  
Judges &  
Staff**

- \$50,000 Basic & AD&D
- Reduced at Age 70 to \$25,000

**Supervisory  
&  
Confidential**

- \$25,000 Basic & AD&D
- Reduced at Age 70 to \$12,500

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# Supplemental Life Insurance

## What is Supplemental Life Insurance

- This benefit is a voluntary plan and eligible employees may elect coverage up to eight times their basic annual earning, not to exceed \$750,000,

## Who is eligible?

- This benefit is provided to excluded employees enrolled into the basic life insurance.

## Deduction Org. Code

- 075 - 107

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# Supplemental Life Insurance Overview

- Supplemental Life Insurance is a voluntary plan, paid by the employee.
- Employees may enroll and/or cancel supplemental coverage at any time by contacting MetLife.
- Coverage continues when employee transfers to a rank and file position, it is the employees responsibility to cancel coverage.



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# Supplemental Life Insurance Overview, 2

- Annual age/salary update on January 1 – premium changes are reflected on the December pay warrant.
- Separating employees have 30 days to convert supplemental plan to an individual plan.
- Retiring employees have 30 days to continue supplemental into a retirement plan.

# Supplemental Life Insurance

Eligible Parties

- Employee
- Spouse/domestic partner/unmarried children  $\leq 23$

Employee Coverage

- Coverage available in \$10K increments
- Max – lower of \$750K or 8 x's annual basic pay for employees

Monthly Premiums

- Based on employee's age; 50¢ admin fee
- Adjusted annually on January 1

Dependent Coverage

- \$20K minimum; \$750 for newborn to six months
- Flat rate based on employee's age

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# Important Reminders

- Employees have up to 30 days after retirement to convert basic/supplemental benefit
- Employees should contact MetLife directly to:
  - Submit a claim – Cancel coverage
  - Continue while out on a leave or retirement
  - Purchase supplemental insurance
  - Personnel staff are responsible to provide this information to there employees

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# Important Reminders Continued

- Promptly contact MetLife/CalHR to report the death of a covered employee.
- Beneficiary benefits are paid according to the standard order or according to beneficiary designated by employee – Not the same as CalPERS.
- Employees can contact Metlife or visit their website to obtain a beneficiary form.

# Group Long Term Disability (LTD) Overview

## What is Group Long-Term Disability (LTD)?

- Voluntary employee-paid plan intended to provide income protection in the event an employee becomes disabled due to an illness or injury and is unable to work for six months or longer

## Who is eligible?

- Managerial, supervisory, confidential and exempt employees
- Permanent or probationary status and excluded from collective bargaining

## Deduction Org. Code

- 075 – 111 (65%)
- 075 – 119 (55%)

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# LTD Program Overview

## Level of benefits

- 55% of the first \$18,182
- 65% of the first \$15,385

## Enrollment

- Date of Hire (60 days from date of hire)
- Newly Eligible (60 days from date of eligibility)
- Open Enrollment (effective January 1)

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# LTD Program

- Employees can enroll, view and make changes online
  - By visiting Standard Insurance website or by contacting Standard Insurance
- Annual age update on January 1
  - Premium changes due to movement into new age bracket
- Premiums may increase or decrease
  - Appointment to higher salary, range change, merit salary adjustment, general salary adjustment, etc.
- Enrollees may cancel coverage at any time
  - Employees can make changes online or contact Standard Insurance

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# LTD Program, 2

- Leave of Absence triggers a six (6) month elimination period before benefits begin
  - Employee must be under continuous care of a physician, premiums must be paid by warrant or direct pay to continue coverage
  - Coverage will be administratively canceled by Standard for lack of premium payment or upon approval of LTD claim
    - Employee must contact Standard to re-establish benefit coverage within 30 days upon return to work



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# LTD Program, 3

- Personnel staff notifies carrier of employee leave or workers' compensation claim
  - Should be done prior to six (6) month elimination period
- Pre-Existing Condition Limitations
  - Coverage begins 24 months after effective date of coverage
- No conversion privilege when an employee retires

# LTD Program, 4

- Employee and/or employer may initiate a LTD claim
  - Contact Standard or CalHR
- Loss of eligibility
  - Employee has 30 days to enroll and is responsible to pay premiums due back to first day of eligibility

## Mandatory Transfer to Rank & File

- May enroll in a 24 month direct pay program

## Separation / Leave of Absence

- Can convert to a limited individual disability plan

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# LTD Enrollment Options

- Standard's website - Online Enrollment  
<https://www.standard.com/mybenefits>
- Mail LTD – send completed form to:  
Standard Insurance  
900 SW Fifth Avenue  
Portland, OR 97204-9805

***If employees return forms to the Human Resources Office, direct them to the options above!***

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# LTD Important Reminders

- Open Enrollment will be held September 20 – October 15, with a January 1 effective date.
- Discontinued Safety Codes (075-112) & (075-120)
- Personnel staff no longer need to complete enrollment forms – Promote self-service!
- Personnel staff no longer contact State Controller's Office regarding LTD program issues
  - Contact CalHR for employee issues

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# LTD Appeals

- Send a memo with supporting documentation to:

CA Department of Human Resources (CalHR)  
Attn: Benefits Division - LTD  
1515 S Street, North Building, Suite 500  
Sacramento, CA 95811-7258

Email: [ltd@calhr.ca.gov](mailto:ltd@calhr.ca.gov)

Fax: (855) 238-3276

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# LTD Accounts Receivable & Premium Pay

- Standard can process premium payment with approval from the employee's from the employee's pay warrant.
- Employees can send premium payments to:  
Standard Insurance  
Attn: Kai Burns  
900 SW 5th Ave  
Portland, OR 97204-9805

(888) 641-7193

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# Group Legal Services Insurance Overview

## What is Group Legal Services Insurance?

- Voluntary, employee paid benefit that provides comprehensive legal coverage



## Who is eligible?

- Active state employees:
  - Appointed permanent or probationary with a time base of half-time or greater
  - Designated rank and file, managerial, supervisory, confidential, and excluded/exempt

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# Group Legal Services Insurance

## Who is eligible?

- Permanent-Intermittent (PI) employees who worked a minimum of 480 hours each six month qualifying control period, January 1 – June 30 and July 1 – December 31
- An employee appointed Limited-Term (LT) or Temporary Authorization (TAU) with an appointment of six months or more, and with a time base of half-time or greater



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# Group Legal Services Insurance, 2

## Dependent Eligibility

- A lawful spouse or domestic partner
- Unmarried dependent children under the age of 26 who have never been married
  - Children include natural, step children, adopted, employee if the legal guardian, children of either domestic partner, and
  - Any economically dependent child, 26 years of age or over if he/she is incapable of self-support because of a physical disability

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# Group Legal Services Insurance, 3

## Enrollment

- Date of Hire (60 days from date of hire)
- Newly Eligible (60 days from date of eligibility)
- Open Enrollment (designated open enrollment period)
- Employees can enroll online
  - By visiting ARAG's website or by calling ARAG
- Enrollees may cancel at any time
  - Employees will need to complete an enrollment form and mail or fax to ARAG

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# Group Legal Enrollment Options

- ARAG's website – [www.ARAGlegal.com/SOCinfo.com](http://www.ARAGlegal.com/SOCinfo.com)
  - Enroll Online
- Call ARAG at (866) 762-0972
- Fax completed forms to ARAG (515) 246-8816
- Mail – Send completed forms to:

ARAG Legal Insurance  
500 Grand Avenue, Ste. 100  
Des Moines, IA 50309

***If employees return forms to the Human Resources  
Office, direct them to the options above!***

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# Group Legal Appeals

Send a memo with supporting documentation to:

CA Department of Human Resources (CalHR)  
Attn: Benefits Division – Group Legal  
1515 S Street, North Building, Suite 500  
Sacramento, CA 95811-7258

Email: [grouplegal@calhr.ca.gov](mailto:grouplegal@calhr.ca.gov)

Fax: (855) 238-3276

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# Group Legal Premium Payments

Upon CalHR's approval, employees can pay premium payments to:

ARAG Legal Insurance  
500 Grand Avenue, Ste. 100  
Des Moines, IA 50309

(866) 762-0972

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# Group Legal Important Reminders

- Full-time employees can NOW enroll online
- HR Offices will need to complete and sign enrollment forms for PI's, LT's and TAU's and send them directly to ARAG
- HR Offices will no longer need to contact the State Controller's Office – contact ARAG or CalHR
- As of 2020, Open Enrollment will be conducted in the Fall

- Personnel staff must verify eligibility for PI's, TAU and LT & Direct Pay Agencies
- Personnel staff must fax or mail form to ARAG



**CAL HR**  
CALIFORNIA DEPARTMENT OF HUMAN RESOURCES


# Group Legal Retiree Form

- If employee is enrolled wants to convert coverage into retirement, the employee must complete a new enrollment form and the HR Office must complete Section C and mail or fax to ARAG

**SUBMIT COMPLETED FORM TO:**  
**ARAG®, 500 Grand Ave, Suite 100,**  
**Des Moines, IA 50309-2405 | FAX: 515-246-8816**  
**Do not send to CalHR**

**State of California RETIREE**  
**GROUP LEGAL SERVICES INSURANCE PLAN**  
**Enrollment Authorization**  
Underwritten by ARAG® Insurance Company, Des Moines, IA.

Print Reset



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**SECTION A. Please type or complete in ballpoint pen. See privacy notice on back side.**

<p><b>1. Type of Action (Check one)</b></p> <p>a. <input type="checkbox"/> <b>NEW ENROLLMENT</b> – Complete sections A (1-7) and B (1-4)</p> <p>b. <input type="checkbox"/> <b>CHANGE COVERAGE</b> – Complete sections A (1-7) and B (1-4)</p> <p>c. <input type="checkbox"/> <b>CANCEL COVERAGE</b> – Complete sections A (1-4) and B (4)</p>	<p><b>2. Social Security Number</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>3. Date of Birth</b></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div>	<p><b>4. Name in Full</b></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%;"></div> <div style="border: 1px solid black; width: 20%;"></div> <div style="border: 1px solid black; width: 20%;"></div> </div> <p><b>5. Mailing Address</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40%;"></div> <div style="border: 1px solid black; width: 20%;"></div> <div style="border: 1px solid black; width: 40%;"></div> </div> <p><b>6. Daytime Telephone Number</b></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div>
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**7. Primary Email Address (Optional)**

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**SECTION B. Please check appropriate box, read, and sign.**

<p><b>1.</b> <input type="checkbox"/> I authorize deductions to be made from my retirement warrant by the retirement system to cover my share of enrollment in the state's Retiree Group Legal Services Insurance Plan as it is now or as it may be in the future.</p>	<p><b>2. I am a member of:</b></p> <p>a. <input type="checkbox"/> California Public Employees' Retirement System (CalPERS)</p> <p>b. <input type="checkbox"/> Judges' Retirement System I (JRSI)</p> <p>c. <input type="checkbox"/> Judges' Retirement System II (JRSII)</p> <p>d. <input type="checkbox"/> Legislators' Retirement System (LRS)</p>	<p><b>3. Please check ONE type of coverage to be elected and monthly premium amount.</b></p> <p>a. <input type="checkbox"/> Individual \$10.19/month</p> <p>or</p> <p>b. <input type="checkbox"/> Family \$17.74/month</p>
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If you selected Family coverage, please list spouse/domestic partner and unmarried eligible dependent children up to age 26 below.

Name	Relationship	Date of Birth	Name	Relationship	Date of Birth

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**4. Please read and sign.**

Enrollment is hereby made for coverage as indicated above, for all persons listed hereon, subject to all terms and conditions of the contract for which enrollment is made. I understand that my effective date of coverage will begin on the first day of the pay period following my first payroll deduction. I certify that all information entered is true. I fully understand the waiting periods and limitations of the plan coverage.

In connection with my enrollment for benefits through ARAG Insurance Company, I hereby authorize the above monthly premium deduction be made from my

retirement warrant by my retirement system which also includes a monthly administrative fee payable to the state. I further understand the premiums shown above include an administrative cost incurred by the state, which may be increased without prior notice.

If cancelling legal coverage, I understand I will not be able to re-enroll again until the next open enrollment period.

Signature ☒

Date ☒ Month / Day / Year

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**SECTION C. IMPORTANT: If you are a new Retiree enrolling outside of Open Enrollment, you must have your agency personnel office complete this section.**

<p><b>1. Enter Deduction Amount</b></p>	<p><b>2. Separation Date</b></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div>	<p><b>3. Agency Name</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p><b>4. Remarks</b></p>	<p><b>5. Agency Telephone Number</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>7. Authorized Agency Signature</b></p> <p><small>I am authorized to make this certification, that the employee named herein is eligible for enrollment in the Retiree Group Legal Services Insurance Plan.</small></p>

Retirement Date:

**6. Date of Agency Signature**

Signature

Authorized Agency



# Common Carrier Travel & Accident Insurance

- State paid benefit for certain employees required to travel on state business
- Automatic enrollment for eligible employees
- Covered incidents must take place while:
  - Traveling or short stay of three months or less
  - On business
  - In the course of business



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# Common Carrier Travel & Accident Insurance, 2

- Benefit levels
  - Up to \$150K (accidental death/dismemberment)
  - Coma Benefit
  - Seatbelt /Airbag - \$2K - \$10K
- Claims filed with Office of Risk Management  
([riskmanagement@dgs.ca.gov](mailto:riskmanagement@dgs.ca.gov))

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# CalHR Contact Information

- Group Long Term Disability
  - [LTD@calhr.ca.gov](mailto:LTD@calhr.ca.gov)
  - Standard Insurance 1-888-641-7193
- Basic Group Term Life Insurance and Supplemental Life Insurance
  - [LifeInsurance@calhr.ca.gov](mailto:LifeInsurance@calhr.ca.gov)
  - MetLife Insurance 1-800-252-8524
- Group Legal Services Insurance
  - [GroupLegal@calhr.ca.gov](mailto:GroupLegal@calhr.ca.gov)
  - ARAG – 1-866-762-0972

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# CalHR Websites

- CalHR State Employees Supervisors/Managers
  - <https://www.calhr.ca.gov/state-hr-professionals/Pages/State-Supervisors-Managers.aspx>
- CalHR State Employees Benefit Page
  - <https://www.calhr.ca.gov/employees/Pages/leave-benefits.aspx>
- CalHR State HR Professionals (BAM)
  - <https://www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual.aspx>
- CalHR HR Manual
  - <http://hrmanual.calhr.ca.gov/Home/ManualItem>

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# Program Websites & Contact Information

- Basic Group Life Insurance and Supplemental Life Insurance
  - MetLife
    - [www.Metlife.com/SOC](http://www.Metlife.com/SOC)
    - 1-800-252-8524
- Long Term Disability
  - Standard Insurance
    - [www.standard.com/mybenefits](http://www.standard.com/mybenefits)
    - Direct Customer Service (971) 321-8150 or
    - Toll free (888) 641-7193

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# Program Websites & Contact Information

- Group Legal
  - ARAG
    - [www.ARAGlegal.com/socinfo](http://www.ARAGlegal.com/socinfo)
    - Active Employees (866) 762-0972 or Retirees (800) 247-4184